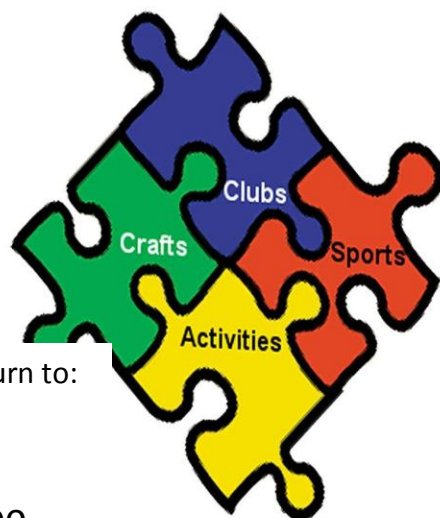
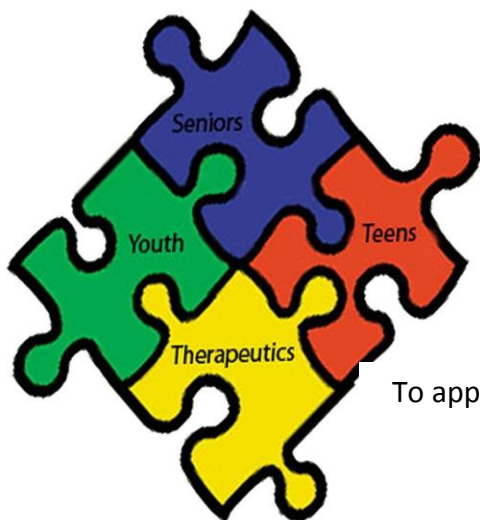


The
City of Atlanta
Dept. of Parks, Recreation & Cultural Affairs
is looking for...



To apply please complete application and return to:

Harris Towers

Attn: Volunteer Coordinator

233 Peachtree Street; Suite 1700

Atlanta, Georgia 30303

For more information please call

404-546-6788

Volunteer Opportunities

Front Desk/Reception Volunteer

Service Area	Various City of Atlanta Natatoriums and Recreation Centers
Purpose	Assist with general "front office" reception and clerical assignments.
Duties	With direct supervision of Community Center staff, assist with general "front office" reception and clerical assignments such as telephone and general filing tasks and customer service.
Qualifications	Volunteers must be at least 18 years of age and have had previous experience in an office environment. Familiarity with basic telephone and filing procedures is a plus! A warm, friendly customer-service persona is absolutely essential; if 17 and older, pass background check.
Time Commitment	Three separate shifts are available: 9 a.m.-1 p.m., 1-5 p.m., 5-9 p.m., Monday through Friday, and 1-5 p.m. on Saturdays. The City of Atlanta Office of Recreation is pleased to consider volunteer reception/clerical assistance in specific blocks of time per the volunteer's availability and program needs.
Supervisor	Community Facility Manager per site

After School Program Volunteer

Service Area	Various City of Atlanta Recreation Centers
Purpose	Assist Community Center staff in conducting age appropriate activities for youth and teen ages 5-18.
Duties	With direct supervision of Recreation Center staff, assist the Recreation leader in conducting age appropriate games and activities for school age children 5-18 years old. Arts, crafts, and holiday special events are also part of the after school program schedule.
Qualifications	Volunteers must be at least 18 years of age, have an enthusiastic personality and enjoy working in an outdoor environment with young children. Previous experience in coordinating or leading activities for school age children is welcome but not necessary. Enthusiasm, a sense of fun, concern for safety and a love of children is essential; if 17 and older, pass background check.
Time Commitment	The Out of School Time Program ranges from 2:30 p.m. - 8:00 p.m., Monday through Friday, (special programs are conducted during school breaks in December and Spring Break) The City of Atlanta Office of Recreation is pleased to consider After School Program volunteers who can contribute only specific hours during the week, as well as those who are available for up to 25 hours per week.
Supervisor	Community Facility Manager/ROA Senior per site

Athletics Volunteer

Service Area	Various City of Atlanta Recreation Centers or Athletic Fields
Purpose	Coach youth athletes of various ages and sports; Serve as a role model for young athletes assigned to your team promoting therefore sportsmanship, fair play, and full participation.
Duties	Communicate w/ team as to practice times, game times, special tournaments and events. If there are any schedule changes, must notify the parents and guardians; Monitor assistant coaches and team parents. Teach the youth the fundamentals of the sport; Encourage the involvement of the parents; Schedule and conduct parent and other necessary meetings; Submit rosters on time and to managers when requested; Provide a safe and fun environment for the children; Learn and follow all City of Atlanta rules, policies, and procedures.

Qualifications	Volunteers must be at least 17 years of age, have an enthusiastic personality and enjoy working in an outdoor environment with young children. Previous athletic experience in sport volunteering with or leading activities for school age children is welcome but not necessary; Attend any scheduled coaching clinics or meetings; Enthusiasm, a sense of fun, concern for safety and a love of children is essential; if 17 and older, pass background check.
Time Commitment	Athletic teams meet based on team practices usually occurring from 5:00 PM to 8:00 PM, Monday through Friday. Games or events are also in the evening hours on specific week days. On the weekends hours vary on Saturdays.
Supervisor	Community Facility Manager per site/ROA Senior

Aquatic Volunteer

Service Area	Various City of Atlanta Natatoriums and Outdoor Pools
Purpose	Assist staff with general pool operations
Duties	Educate general public on the importance of water safety and swim techniques offered at facility. Work the concession stand and special events. Timer during swim events. Maintain pool safety, display helpful and courteous attitude towards patrons. All other duties assigned.
Qualifications	Volunteers must be at least 16 years of age. Familiarity with Aquatics Field is a plus. A warm, friendly customer-service persona is absolutely essential; if 17 and older, pass background check.
Time Commitment	Separate shifts are available based on natatorium needs and operating hours.
Supervisor	Aquatic Facility Supervisor per site/ROA Senior

Seniors Volunteer

Service Area	Various City of Atlanta Seniors Programs
Purpose	Assist staff with Senior Programs
Duties	Helping our seniors meet their personal goals and aspirations; travel on trips with seniors groups and provide assistance with programs offered to senior population.
Qualifications	We are looking for volunteers who are drawn to senior citizens and are interested in interacting with them; Volunteers must be attentive and respectful to elders. If 17 and older, must pass background check.
Time Commitment	Separate shifts are available based on program needs and operating hours.
Supervisor	Facility Supervisor per site/ROA Senior

Therapeutics Volunteer

Service Area	Various City of Atlanta Therapeutic/Special Needs Programs
Purpose	To help supervise and ensure the well-being of youth with mental and physical disabilities that requires extra attention and support.
Duties	To assist with the organization and planning of sessions as required; Helping with educational games, sports, teaching life skills, and language and vocational training. Volunteers with experience in Special Education can also bring their skills and initiative to help create lesson plans and activities for the program.
Qualifications	A warm, friendly customer-service persona is absolutely essential; Sensitivity to special needs population a MUST; if 17 and older, pass background check.
Time Commitment	Separate shifts are available based on program needs and operating hours.
Supervisor	Facility Supervisor per site/ROA Senior



CITY OF ATLANTA: DPRCA: RECREATION VOLUNTEER PROGRAM APPLICATION

PERSONAL DATA

Name: _____ Date: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: _____

Emergency Contact: _____ Telephone: _____

Education: High School Some College Graduate Major: _____ Area of Study: _____

Have you previously volunteered in this Department? ☐ Yes ☐ No

How did you hear about this volunteer opportunity? _____

AVAILABILITY

	SUN	MON	TUE	WED	THURS	FRI	SAT
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you prefer: LONG Term or SHORT Term First Available Start Date: _____

GROUP PREFERENCE:

Please indicate the population with which you would like to work.

- | | | |
|---|--|--|
| <input type="checkbox"/> Elementary Age | <input type="checkbox"/> Seniors (55 and Up) | <input type="checkbox"/> Physically Challenged |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Hearing Impaired | |

FOCUS AREA

Please indicate one or more areas in which you would like to work.

- | | | |
|--|---|--|
| <input type="checkbox"/> After School / Tutorial | <input type="checkbox"/> Coaching | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Therapeutics | <input type="checkbox"/> Camp Best Friends |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Administrative | |

PREFERRED PLACEMENT REQUEST

Facility Name: _____

CITY OF ATLANTA
DEPARTMENT OF PARKS, RECREATION, AND CULTURAL AFFAIRS
VOLUNTEER AGREEMENT

In order to perform volunteer work for Department of Parks, Recreation and Cultural Affairs, each volunteer, or a parent or legal guardian of each minor volunteer, must fill out, sign, and return the following to the City of Atlanta's Department of Parks, Recreation, and Cultural Affairs, Office of Parks:

GENERAL INFORMATION

Name of Volunteer (Print name)	Age (if under 18 yrs.)	Telephone number	E-mail address
Street Address	City	State	Zip Code
Where Volunteer is under 18 yrs, Name of Volunteer's parent/legal guardian filling out this form (printed name)	Parent's/Guardian's Relationship to Minor	Parent's/Guardian's Telephone number	Parent's/Guardian's E-mail address
Parent's/Guardian's Street Address	City	State	Zip Code

IMPORTANT: Name and Phone Number of person to contact in case of emergency.

Name of Group you are with, if any (ex., Cub/Boy/Girl Scout Troop or Pack # ____, business, homeowners association, etc.)

Name and Phone Number of group contact person (where applicable)

WAIVER OF LIABILITY

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ (*Print Name*), residing at _____ (*Add Full Address*), _____ on behalf of myself/ _____ on behalf of the minor volunteer listed above (*Check One*), hereby acknowledge that I am aware of the activities and work that _____ I am/ _____ the minor volunteer is (*Check One*) volunteering to perform, and agree to waive, release, and discharge from any and all liability, and hold harmless the City of Atlanta, its officials, employees, volunteers, agents, and representatives, from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses, including, without limitation, attorneys' fees and costs, arising out of or connected with _____ my / _____ the minor volunteer's (*Check One*) work being performed on _____ (*Print Date(s)*) in _____ Park (*Add Park Name or facility or event*). I warrant that I have read this Waiver of Liability in its entirety and fully understand its contents. I have signed this document voluntarily and of my own free will. In addition, I, _____ on behalf of myself/ _____ on behalf of the minor volunteer listed above (*Check One*), authorize and consent to my and/or my minor child's being photographed and/or videotaped, and for such photographs and/or videotapes to be used in any publicity, advertising and promotional materials and any other legitimate uses that the Department of Parks, Recreation and Cultural Affairs, in its sole discretion, deems proper, and waive any right to review or approve in the future any such use.

Date	Volunteer's signature (or Parent if volunteer is under 18 years old)
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CITY OF ATLANTA
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Atlanta or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Atlanta, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; criminal justice institutions (including records of citations, arrests, convictions, and incarcerations); financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and financial statements and records wherever filed; drivers/motor vehicle records; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records of professional licensure; military records; and property tax records in any jurisdiction in which I own, or have previously owned, property.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, will be considered in determining my suitability for employment or continued employment by the City of Atlanta. I do hereby release any person(s) who may furnish such information concerning me from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

WITNESS

SIGNATURE (INCLUDING MAIDEN NAME)

SIGNATURE OF ADULT PARENT/GUARDIAN

DATE

ADDRESS

CITY/STATE/ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

RACE

SEX

DATE